| • | | | | | | | | Application or Docket Number | | | | | | |
|--|--|-----------------------------------|--------------|--------------|-----------------------|------------------|-------|------------------------------|-----------|------------------------|------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000 | | | | | | | | | 09/47/158 | | | | | |
| | | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL TYPE | EN | ITITY | OR | OTHER SMALL | | |
| TOTAL CLAIMS | | | 20 | | | | | RATI | Ε | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC | FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 20 minus 20= | | · Ø | | | X\$ 9 | = | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | · Ø | | | X40= | | | OR | X80= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PI | | | | | +135= | | | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | • | TOTA | \L | | OR | TOTAL | 710- | |
| CLAIMS AS AMENDED - PART II | | | | | | | | 6 0000 | | - NITTY | O D | OTHER SMALL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | SMA | LLI | NTITY | OR | SMALL | | |
| AMENDWENT A . | 7/6/84 | CLAIMS REMAINING AFTER AMENDMENT | Er Saus | NUM PREVI | IBER OUSLY FOR | PRESENT EXTRA | , | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 19 | Minus | 2 | Ŏ | = | | X\$ 9 | = | | OR | X\$18= | | |
| ME | Independent | • 3 | Minus | | 3 | = | | X40 | = . | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135 | _ | | OR | +270= | | |
| | And the state of t | | | | | | | TO | TAL | | OR | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | -EE | | J | ADDIT. FEE | | |
| AMENDMENT B | | (Column 1) CLAIMS REMAINING AFTER | 1 | HIGI NUM | HEST MBER OUSLY | PRESENT | | RAT | E | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| | · | AMENDMENT | | ł . | FOR | LAITE | | | | FEE | | | FEE | |
| | Total | 1 | Minus | ** | | = | | X\$ 9 | = | | OR | X\$18= | | |
| AME | Independent | NITATION OF A | Minus | *** | F CI AIM | = | | X40 | = | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135 | = | | OR | +270= | | |
| | | | | | | | | TO ADDIT. P | | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ., | | | - | | | |
| | | CLAIMS |] | HIGH | IEST | PRESENT | | | | ADDI- | | | ADDI- | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | PREVI | IBER OUSLY FOR | EXTRA | | RATE | Ξ | TIONAL FEE | | RATE | TIONAL FEE | |
| NON NON | Total | * | Minus | •• | | = | | X\$ 9: | = | | OR | X\$18≃ | | |
| AME | Independent | • | Minus | *** | | = | | X40= | = | | OR | X80= | | |
| | FIRST PRESE | NTATION OF MI | JLTIPLE DEF | 'ENDEN' | T CLAIM | | | +135 | = | | OR | +270= | | |
| • 1 | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | or | TOTAL | | |

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE OR ADDIT.

ADDIT. FEE OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.